

Report: LOCAL HEALTH JURISDICTIONS SELF ASSESSMENT
STANDARDS FOR PUBLIC HEALTH IN WASHINGTON STATE

30 responses

1			Count	Ratio	
	Rate yourself from 0-3 on each category: 0= NONE 1=MINIMAL 2=SOME 3=FULL IMPLEMENTATION Some questions ask for a Yes (Y) or No (N) response. BASELINE RESULTS FROM 2002				
		YES	NO		
The baseline results have been received by the agency		28 (93%)	2 (7%)	30	100%
The baseline results were reported to the local Board of Health		22 (74%)	8 (26%)	30	100%

2					Count	Ratio
	0	1	2	3		
Several people have reviewed the baseline results across the agency	1 (3%)	2 (7%)	16 (53%)	11 (37%)	30	100%
Appropriate agency staff are familiar with the results.	1 (3%)	6 (20%)	13 (43%)	10 (33%)	30	100%
The baseline results are referred to and/or utilized frequently by the agency.	3 (10%)	15 (50%)	10 (33%)	2 (7%)	30	100%
Count total	5	23	39	23	90	
Ratio	5.56%	25.56%	43.33%	25.56%		
Responses	30					

3						Count	Ratio
	AGENCY WORK PLAN RELATED TO THE STANDARDS						
		0	1	2	3		
An agency work plan has been developed for improving performance.		5 (17%)	8 (27%)	14 (47%)	3 (10%)	30	100%
The agency’s performance improvement work plan is in writing.		12 (40%)	7 (23%)	7 (23%)	4 (14%)	30	100%
There are regular discussions about the performance improvement work plan across the agency.		7 (23%)	10 (33%)	9 (30%)	4 (14%)	30	100%
Count total		24	25	30	11	90	
Ratio		26.67%	27.78%	33.33%	12.22%		
Responses	30						

4				
	THE AGENCY'S WORK PLAN ADDRESSES SPECIFIC DOMAINS/AREAS OF THE STANDARDS:			
CHECK ALL THAT APPLY		Count	Ratio	
Assessment (Understanding Health Issues)		22	21.57%	
Communicable Disease (Protecting People from Disease)		22	21.57%	
Environmental Health (Assuring a Safe, Healthy Environment)		20	19.61%	
Health Promotion (Prevention is Best: Promoting Healthy Living)		19	18.63%	
Access (Helping People Get the Services They Need)		19	18.63%	
		Average	2.91	N/A
		Total selections	102	N/A
		Total Responses	22	

6					Count	Ratio	
	AGENCY IMPROVEMENT						
		0	1	2	3		
Agency management is committed to improve in specific areas of the Standards.		1 (3%)	7 (23%)	9 (30%)	13 (43%)	30	100%
Agency management is committed to improve in all areas of the Standards		3 (10%)	6 (20%)	14 (47%)	7 (23%)	30	100%
All levels in the agency are committed to improve on the Standards.		2 (7%)	13 (43%)	14 (47%)	1 (3%)	30	100%
Agency resources are devoted to improve specific areas of the Standards		5 (15%)	6 (20%)	11 (37%)	8 (27%)	30	100%
Agency resources are devoted to improve in all areas of the Standards.		6 (20%)	12 (40%)	9 (30%)	3 (10%)	30	100%
Count total		17	44	57	32		
Ratio		11.33%	29.33%	38%	21.33%		
Responses		30					

8	We would like training on:	Count	Ratio
	Methods of documentation	7	41.18%
	The Standards	3	17.65%
	The assessment tool	4	23.53%
	Other (describe below)	3	17.65%

	Average	2.18	N/A
	Total selections	17	N/A
	Total Responses	17	

**LOCAL HEALTH JURISDICTIONS SELF ASSESSMENT
STANDARDS FOR PUBLIC HEALTH IN WASHINGTON STATE**

- Comment report

5. The agency work plan addresses multiple strategies for implementing performance improvement on the Standards. Please describe

Our plan is working to ensure that we have the infrastructure needed to go forward in improving our other services. This is difficult because they tend to be more costly. We are attempting to identify those system issues that prevent us from providing quality services. IN each programmatic area we have identified the gaps and strengths and strategically working to remediation.

We are trying to do improvement work across the board. Taking small steps. Major effort in EH is occurring. We have not formalized a plan. Individual program managers are implementing work that addresses the Standards. We are using a management tool to consistently track staff work on goals and objectives. This tool is linked to the Standards in some of the program areas. Expect full implementation by the end of 2005, early 2006. Staff and management are very supportive of the effort.

As we are working through the development of a strategic plan there is minimal work beginning on all areas identified above, though there is more opportunity than track record at this point in time.

We do not have a formal, written work plan that addresses improving performance related to our baseline assessment. Quality assurance and program improvements are ongoing and related to specific programming. For example, a great deal of effort has been made in improving capacity and performance in the communicable disease area. This is primarily due to the contract requirements and associated funding within the BT and emergency preparedness program. Environmental Health is a division within the Department of Community Development. They did not participate in the baseline assessment. I am not aware of activates within that department.

Standards were utilized to set priorities, and goals and objectives in the 2001-2003CCHHS Strategic Plan developed to meet some components of the Standards.

Written Policies for Assessment

Data Sharing Policy

Documented process for identifying new healthcare providers in community
improved access to 24/7 contacts in community

Each year we complete an annual work plan. This year we are revising our departmental from the current program based format to a Standards based format. The plan will have 5 sections and will describe work planned in each of the standards areas to help us meet community needs and to help us meet the standards.

Strategies are addressed in annual budget retreat and documents. Additionally program review are performed at Board meetings and standards are referenced

We have implemented the Standards into our planning for budget, annual report and goal setting.

Many of the Standards have been incorporated into the Departments Planning and budgeting process. This process ranges from Strategic Directions thru Goals, Objectives and down to task level

The work plan in draft form includes quality improvement as a section within infrastructure development. Logic models, data from information system and the feedback loop of "plan, do, check, and act" are subsections. The program evaluation efforts within the clinical services programs were the first areas of quality improvement.

In addition, the baseline assessment identified the need for improvement of coordination between environmental health and infectious disease as they learn from their response to disease. A regular debriefing and improvement identification is now established between the two program areas.

Assessment: Increased outreach to healthcare providers and community groups for both awareness and reporting of public health issues. Increased use of GIS, statistical databases both local state and federal for assessment, analysis and investigation of health status of communities. Tools used include Vista/PH, SPSS,ArcViewGIS, EpiInfo and recent training, access and familiarization with PHIMS. Activities in these areas will continue to be developed and implemented

Communicable Disease: OCPH has developed and distributed to county health care providers a notebook containing a laminated Notifiable Conditions list, information and fact sheets on the respective diseases. In-service presentations on prevention and control of MRSA, Chlamydia, Tuberculosis, West Nile Virus and Hantavirus have been conducted. Active bilingual outreach on HIV,STDs and Communicable diseases is being presented to media and community groups. OCPH is participating in active. Epidemiological investigation of MRSA within the county. OCPH has been actively working with Okanogan Family Planning to advocate

Comprehensive Sex Education in county schools and communities. OCPH will continue to increase outreach and interaction in these areas.
Environmental Health: We have increased our use of statistical databases GPS and GIS in investigating and addressing Environmental Health Issues. Use of standardized checklist have been instituted to improve accuracy, objectivity and equity. We continue to outreach and education on environmental health issues through community presentations and local media. We plan to utilize Food workers and food permits for advancing education on issues such as 2nd hand smoke, and communicable diseases. Assessment and analysis of water quality data with respect to fluoridation is being used to support efforts in dental care.
Health Promotion: OCPH has become actively involved STEPS for a Healthier US, and increasing involved in school outreach, community groups, health fairs.
Access: OCPH has initiated an oral health coalition to improve access to dental care. OCPH continues to provide training, to distribute, coordinate and collate the HRSA surveys.
We are concentrating on documentation - we seem to know what to do, and often do it, but have not been documenting appropriately.
The Department identified key issues for each specific domain and developed work plans for each, as part of the 2004 budget development process. The BOCC/BOH approved the plans and funding directed for each of these.
Assessment standards guide the accomplishment and tracking of assessment program activities. We have used LCDF to address CD standards. EH work plan has included the enhancement of our water recreation program, and we have increased our staffing. Health promotion and access activities are addressed through various programs and funding sources.

7.
HELP NEEDED BEFORE THE NEXT ASSESSMENT
We would like Technical Assistance on:
Need to identify grant resources that would support hiring a health educator for Environmental Health. Would like to explore implementing PACE-EH on some level. Need more staff and \$\$\$ to do that.
Methods of documentation that relate standards to reporting required in many programs.
Improving standards in the face of declining revenues.
Best Practices- advice on how to locate and gather the latest and best information.
Program evaluation
"Understanding the standards and how they mesh with daily work."
We know what to do it is a matter of having time and resources to work on documentation, policies etc.
Finding additional revenue sources
Recognizing community assets and programs which fulfill parts of the Public Health Mission
Setting up a meaningful evaluation system
In our organization we have prioritized the areas that we can improve over the next few years. We are held back by the daunting task of writing policies and procedures. All of our management staff have many responsibilities and without some template policies or some training on how to write policies so that we only do it once, we will continue to flounder in good intentions.
Establishment of quality improvement council and full implementation of the program evaluation models we have developed.
Okanogan is the largest county in Washington State and like most rural areas is restricted in both the human and economic resources available for both Health Care and Public Health. Time and efforts to complete, document and report compliance with the standards curtails the time available for conducting and practicing Public Health. There is a great need, if not urgency, for a simple integrated system of assessment that interfaces with ongoing workloads and activities.
Maybe some assistance in long-term (strategic) planning would be helpful.
Work Plan
1. TA in developing agency Performance work plan.
2. TA in understanding how agency utilizes standards to prepare annual report.

8. We would like training on:

- 1 methods of documentation
- 2 the Standards
- 3 the assessment tool
- 4 other (describe below)

Performance measures, program evaluation,

Quality improvement strategies and implementation. What does quality improvement mean in First Steps as opposed to the OSS program? My staff have a difficult time "thinking" in this way. They are focused on getting the job done, not thinking about how it could be done better or more effectively.

Effective survey development.

See Technical Assistance above.

Staff training on the standards to help staff view public more broadly rather than programmatically would be helpful.

Evaluation

If we can only take on a few areas, how would you recommend that a small health department prioritize the standards?

As new tools are developed for assessment of standards implementation, we would need introduction and training for staff.

An improved real-time system for documenting performance would be greatly appreciated

All of the above

9. Please describe other types of support needed to improve performance on the Standards

Staff have a difficult time understanding the big picture. They are so enmeshed in their day-to-day work - finding ways to make it meaningful continues to be a challenge for the more seasoned staff. Performance measures are an issue.

Technology upgrades for our county to support our use of PHIMS for surveillance.

We need money!

We need more staff!

Ongoing support for flexible funding. Local, state and federal funding cuts have continued to challenge our capacity to address direct service needs, program requirements and increasing administrative demands, as well as address quality assurance and improvement activities.

See Technical Assistance above.

Funding to support staff time needed to focus on Standards assessment, planning, implementation, and quality monitoring and improvement. Current funding is scant and allocated to manage and implement programs and services.

Clarification of the public health role in Access.

Standards or more importantly documentation of meeting standards is impossible without adequate funding. Until funding is solved, standards remain a lofty vision.

Request by one staff member that narrative be accepted as supporting documentation for the standards.

Request for more templates.

Request for more funds to support the time needed to build systems, train, and implement compliance with the standards, and for supporting technology.

Note: This survey represents the responses of a cross-section of the HD staff.

Stable revenue sources to provide essential specified services and respond to local Public Health needs.

Available resources given current funding crisis makes it difficult to impossible to strive to fully implement standards at this time. We integrate what we can when we can but cannot focus on implementation of standards without reducing our implementation of critical public health programs and services. They come first.

Financial, always financial.

With bioterrorism taking the stage, the standards have not been the top priority. I would like to see what the state would like to have the health districts do/commit to so I could collect my thoughts on the standards again. I don't know where to start. I think standardization is a good thing, but I am not making a lot of progress at this point.

The timing of the assessment is important. As much lead time and clear instructions for documentation as possible will assure that the agency reports fully on our accomplishments.

Also, differentiating between minimal and full implementation needs to be clear.

More funding and additional human resources.

Enhanced staffing levels so that more time is dedicated to written documentation, etc.
Staff
Money
Written Protocols
Best Practices of our peers
More resources in terms of budget and staff positions.
Models on how small-understaffed departments with understaffed management can write and implement a plan. Right now we have no time to do this.
